Bureau of Health Care Quality and Compliance

Approved 2/11/11 DC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN168AGC	A. BUILDING _____ B. WING _____	01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY HOME CARE RHL	975 CORDONE AVE RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/25/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000	RECEIVED FEB 10 2011 BUREAU OF HEALTH CARE QUALITY & COMPLIANCE CARSON CITY, NV	
Y 430 SS=E	449.229(1) Protection from Fire NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal.	Y 430	Y 430 (a) A battery operated light was purchased to replace the emergency light. See attachment I (B) a certified electrician did the service to be sure that one of the emergency light is working. See attachment I	2/11/11 DC MW

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Manager — (X6) DATE: 2/9/11

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Y 430	Continued From page 1 This Regulation is not met as evidenced by: Based on observation and testing on 1/25/11, the facility failed to maintain battery operated emergency lights for 1 of 2 emergency lights in the facility (in the living room). Severity: 2 Scope: 2	Y 430	(a) the battery operated emergency light will be tested every ~~week~~ to be sure that the equipment is working right, for the safety of all the resident. (b) the Administrator and employee incharge will monitor for compliance.	
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 1/25/11, the facility failed to ensure that 1 of 7 residents received a physical examination prior to admission (Resident #1). This was a repeat deficiency from the 8/25/09 State Licensure survey. Severity: 2 Scope: 1	Y 859	Y 859 (a) the facility will ensure that resident will have Physical examination before Admission. (b) the facility will ensure that the Physical examination of the resident has the diagnosis that is duly signed by the Treating doctor. (c) the facility will ensure that this (~~error~~) mistake will not be repeated. (d) the administrator will monitor for compliance.	2/11/11